

## Massachusetts Department of Environmental Protection Bureau of Air & Waste Mercury-Added Lamp Manufacturer Registration

Registration for Calendar Year 20

(310 CMR 75.00)

Filing Deadline: Submit this form to MassDEP by March 1 following the calendar year for which you are registering.

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





|    | Manufacturer Name   |                                    |  |  |
|----|---|------------------------------------|--|--|
|    | Street Address  |                                    |  |  |
|    | City/Town   | State                              | Zip Code   |  |
|    | Contact Person Name   |                                    |  |  |
|    | Contact Person Email  |                                    | Contact Person Telephone   |  |
|    | Federal Employer Identification Number (FEIN/TIN) – Please do NOT provide a Social Security Number. |                                    |  |  |
|    | Mailing Address (if different)  |                                    |  |  |
|    |   |                                    |  |  |
|    | Street Address/P.O. Box   |                                    |  |  |
|    | City/Town   | State                              | Zip Code   |  |
| В. | Applicability   |                                    |  |  |
|    | Do you manufacture or import directly or dom sold, offered for sale or distribution in Massac       |                                    |  |  |
|    | Yes   | □ No                               | Calcinati year: [010 Civil 70.00]  |  |
|    | If you answered <b>YES</b> , continue to Section C below.   | on the next page. lamps in Massach | O, skip to Section D Certification Statement NOTE: If you sell or distribute mercury-added usetts in any future year you will be required ation form covering that year's sales. |  |
| C. | Compliance Method   |                                    |  |  |
|    | Check the appropriate box below and provide a intend to comply with the requirements of 310         |                                    | ion if requested to indicate how you   |  |
|    | ☐ 1. Develop & Implement a Mercury Lam  | p Collection & R                   | ecycling Plan  |  |
|    |   |                                    | or the collection, storage (including  |  |

If you checked Box 1 above, skip to Section D. Certification Statement. Otherwise, complete the rest of Section C. Compliance Method.

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## **Massachusetts Department of Environmental Protection**

Bureau of Air & Waste

## **Mercury-Added Lamp Manufacturer Registration** (310 CMR 75.00)

| C. Compliance Method (continued)  |  |  |  |  |
|---|--|--|--|--|
| ☐ 2. Pay an Annual Registration Fee   |  |  |  |  |
| of<br>m   | n lieu of developing and implementing a plan for collection, storage, transportation, and recycling of mercury-added lamps, you agree to pay an annual registration fee – calculated on the basis of mercury-added lamp sales in Massachusetts – to comply with 310 CMR 75.05. If you select this option, you must answer the questions and follow the instructions below. |  |  |  |
| a.  | How many mercury-added lamps did your company sell or distribute for sale in Massachusetts in the year covered by the certification? [310 CMR 75.05(5)(b)]   |  |  |  |
|   | Number of Units  |  |  |  |
| b.  | <ul> <li>b. Are you claiming that the number of units sold or distributed for sale is confidential busin information pursuant to 310 CMR 3.00 and/or the state public records act?</li> <li>Yes</li> <li>No</li> </ul>   |  |  |  |
|   |  |  |  |  |
| If you answered <b>YES</b> to Question b., you must submit, in addition to this registration form, a completed confidentiality form that explains the rationale for the confidentiality claim based on the criteria set out in 310 CMR 3.23. You may obtain the confidentiality form at: <a href="https://www.mass.gov/media/1410331">https://www.mass.gov/media/1410331</a>  |  |  |  |  |
| Enclose the two forms together in a sealed envelope marked "Mercury-Added Lamp Manufacturer Registration Form Confidential Business Information." Place this sealed envelope inside the envelope used to mail the form. Information asserted to be confidential as well as documents MassDEP creates using that information will be separated from the public files and held as confidential until a public record request is made to review that information, whereupon MassDEP will make a formal confidentiality determination pursuant to 310 CMR 3.00.  Regardless of how you answered Question b., complete Section D. Certification Statement below. |  |  |  |  |
|   |  |  |  |  |
| D. Certific   | cation Statement   |  |  |  |
| I attest und  | der pains and penalties of perjury:  |  |  |  |
| I. That I have personally examined and am   |  | Authorized Signature of Responsible Official   |  |  |
| familiar wit  | th the information contained in  | Drinted News   |  |  |
| this submittal, including any and all documents accompanying this certification   |  | Printed Name   |  |  |
| statement;  | . , ,  | Title  |  |  |
|   | sed on my inquiry of those responsible for obtaining the   | Date Signed (MM/DD/YYYY)   |  |  |
| information, the information contained in this submittal is, to the best of my  |  | Required Responsible Official:   |  |  |
|   | e, true, accurate, and complete;   | If a Corporation: ☐ President ☐ Secretary ☐ Treasurer                                |  |  |
|   | m fully authorized to make this on behalf of facility or unit  | ☐ Vice President ☐ Representative of the above*                                      |  |  |
| IV. I am av   | vare that there are significant  | *Authorized by corporate vote and responsible for overall operation of the facility. |  |  |
| possible fir  | including, but not limited to,<br>nes and imprisonment, for  | If a Partnership: ☐ General Partner  |  |  |
|   | false, inaccurate, incomplete or information.  | If a Sole Proprietorship:  |  |  |
| KEED A COD  | A OF THE COMPLETED FORM FOR VOLE   | THE MAIL THE ODICINAL CICNED FORM TO   |  |  |

KEEP A COPY OF THIS COMPLETED FORM FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:

MassDEP Mercury Products Program One Winter Street Boston, MA 02108